PTO/SB/08 (12-04)

Approved for use through 7/31/2006, OMB 0851-0032

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE
Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number, PATENT APPLICATION FEE DETERMINATION RECORD Application or Dooket Number Substitute for Form PTO-875 APPLICATION AS FILED - PART I OTHER THAN OR SMALL ENTITY (Column 1) (Column 2) SMALL ENTITY FOR NUMBER FILED NUMBER EXTRA RATE (\$) FEE (S) RATE (\$) FEE (\$) BASIC FEE (37 CFR 1.16(a), (b), or (c)) SEARCH FEE (37 CFR 1.16(L), (I), or (m)) **EXAMINATION FEE** (37 CFR 1.16(e), (p), or (q)) TOTAL CLAIMS (37 CFR 1.16(1)) minus 20 = OR INDEPENDENT CLAIMS X (37 CFR 1.16(h)) If the specification and drawings exceed 100 sheets of paper, the application size fee due APPLICATION SIZE FEE (37 OFR 1.16(s)) is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s). MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(0)) * If the difference in column 1 is less than zero, enter "O" in column 2. TOTAL TOTAL APPLICATION AS AMENDED - PART II OTHER THAN OR (Cotumn 2) (Column 3) SMALL ENTITY (Column 1) SMALL ENTITY CHAINS HIGHEST REMAINING PRESENT NUMBER RATE (\$) ADOI-TIONAL ADDI-TIONAL RATE (\$) AFTER AMENDMENT EVIOUSLY **EXTRA PAID FOR** FEE (\$) FEE (\$) Total or CFR 1.16(1) DO Minus ×25 ×50 OR ENDM ×200 -<u> 201×</u> OR Application Size Fee (37 CFR 1,16(s)) FIRST PRESENTATION OF MULTIPLE DEPONDENT CLAIM (37 CFR 1.16(II)) OR TOTAL TOTAL OR ADD'L FEE ADO'L FEE (Column 2) (Column 3) ımn 11 CI AIMS HIGHEST NUMBER PRESENT ADDI-TIONAL RATE (\$) REMAINING RATE (\$) ADDI $\mathbf{\omega}$ **AFTER** PREVIOUSLY **EXTRA** TIONAL ENT PAID FOR AMENDMEN' FEE(\$) FEE (S) Total (37 CFR 1.16(1)) Minus OR ENDS Independent Minus ¥ OR Application Size Fee (37 CFR 1.16(s)) FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(1)) OR TOTAL ADOL FEE TOTAL ADD'L FEE OR If the entry in column 1 is less than the entry in column 2, write "0" in column 3.
 If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20". *** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3". The "Highest Number Previously Pald For" (Total or Independent) is the highest number found in the appropriate box in column 1.

This collection of information is required by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Petert and Trademant Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patients, P.O. Box 1450, Alexandria, VA 22313-1450.